

A Lesson in Life

Peggy Lynch, principal of the Midland Elementary School in Paramus, New Jersey, encouraged her fourth-grade teachers to participate in the “Tell Someone You Love” program, an interactive anti-tobacco lesson for elementary school students, sponsored by the New Jersey Department of Health and Senior Services (DHSS) and Scholastic Inc.

The teachers didn’t need to be asked twice, and, as a result, 43 students had the opportunity to learn the facts about tobacco use, and then pass along this knowledge in letters they wrote to family members, babysitters, or other role models who smoke, encouraging them to quit.

“Our school has participated in the Tell Someone You Love program for two years in a row,” says Peggy. “We think it’s important to reach fourth and fifth graders about the harmful effects of tobacco so that they won’t start smoking in the first place. At that age, children are able to understand that if their loved ones continue to smoke, their health will go downhill.”

Students have responded to the program with overwhelmingly positive feedback, Peggy recalls. “Not only does the program enhance a health topic that’s difficult to teach – it enables kids to realize they can effectively create change,” she says. “We need more programs like ‘Tell Someone You Love’ to encourage children to research the effects of smoking and generalize outcomes for their own future.”

Peggy Lynch



A student reads a letter he wrote to a loved one who smokes.

Tobacco Dependence and Treatment

More than 1 million New Jerseyans smoke (1.16 million). Nearly seven out of 10 of these smokers say they want to quit, yet only 3 percent are able to succeed without help because nicotine is a powerfully addictive substance. According to the Surgeon General, tobacco use is the single most preventable cause of death and disease.

Cessation counseling has proved effective in helping people to quit. In fact, a study published in the *American Journal of Preventive Medicine* in July 2001 ranked cessation counseling along with childhood vaccinations as the two most effective forms of preventive medicine.

The New England Journal of Medicine (February 14, 2002) called smoking cessation a cost-effective intervention that is underused by physicians and inadequately covered by many health insurers. According to this study, the challenge for healthcare systems and physicians is implementing effective treatment, because smoking is a chronic problem, like hypertension, that requires long-term management.

Quitting smoking at any age provides health benefits to former smokers and increases life expectancy. British researchers reported in a study, published August 3, 2000, in the *British Medical Journal*, that smokers who quit before the age of 35 have a life expectancy not significantly different from nonsmokers. Ten years after ex-smokers stop smoking, their risk of developing lung cancer declines to between 30 percent to 50 percent of the risk for smokers.

What’s more, smokers are not just harming themselves. The CDC has documented the health dangers of environmental tobacco smoke (ETS), especially for infants and young children. ETS increases their risk of upper respiratory disease, inner ear infections, asthma attacks, and even sudden infant death syndrome (SIDS). To protect the health of New Jersey’s children, it is very important to help pregnant women and parents of young children succeed in quitting smoking.

To address the needs of New Jersey smokers who are ready to quit, we established a package of three free or low-cost Quit services that is unique in the nation. Services are available through a telephone-based program, the Internet, and walk-in clinics. Providing these options increases our ability to help New Jersey smokers quit. Residents can choose the treatment approach that suits their individual needs.

It is also important to persuade more New Jersey smokers to consider quitting. Changing behavior is not an easy task. We need to help people move along a continuum from not thinking much about quitting, to thinking about it somewhat, to considering doing it within the next several months, to actually being ready to try to quit. Our Quit services help people move along this continuum by providing information about the harmful effects of smoking on themselves and on others around them.

By reducing the number of smokers in New Jersey, we will save many of the 13,000 lives lost each year in New Jersey as a result of tobacco-related illnesses and will protect New Jerseyans from the disabling effects of chronic respiratory diseases such as emphysema.

We will also save State tax dollars, which can be put to good use in other areas. The CDC estimates that tobacco use costs New Jersey \$2.5 billion every year in direct healthcare costs, including more than \$755 million from Medicaid alone. This amount accounts for approximately 16 percent of the State’s Medicaid expenditures, or \$928.76 per recipient. In addition, tobacco use is estimated to cost New Jersey employers more than \$2.2 billion in lost productivity through sick days, smoking breaks, and disability.

The State of New Jersey entered into the Master Settlement Agreement (MSA) in 1998 with the understanding that the settlement would create a flow of moneys to fund preventive and therapeutic tobacco control programs to help stop young people from smoking and help current smokers quit. New Jersey made a commitment to use a portion of the MSA funds for this intended purpose.

CTCP Is Building the Foundations for Success We Make Quitting Easier for New Jerseyans

New Jersey’s QuitnetSM, Quitline and 15 Quitcenters are a powerful trio of customized services. New Jersey is one of the few states in the nation that currently offers this menu of low- and no-cost treatment options. We want everyone who wants to quit smoking to be able to succeed. CTCP launched the Quit services in the fourth quarter of 2000 and concentrated on building, expanding, and strengthening these services throughout 2001.

We provide these services because not all people have health insurance, and insurance often does not pay for this treatment. This makes it even more important that DHSS ensures access to medically-beneficial treatment services to prevent tobacco-related diseases and their complications. Ironically, insurers pay for treatment of many diseases that result from tobacco, including lung cancer, yet refuse to cover proven treatments for smoking cessation despite the fact that smoking is the leading cause of preventable death in the nation.

We Are Off to a Good Start

We launched New Jersey Quitline and New Jersey Quitnet in late October of 2000. The first New Jersey Quitcenters opened their doors in December of that year. Our challenge was to make sure that New Jerseyans learned about these new services. Therefore, we launched an aggressive advertising and public relations campaign in October 2001. We reached out to physicians and dentists to encourage referrals. We sponsored grassroots educational initiatives through our community partners and the youth anti-tobacco movement, REBEL. These efforts all contributed to the growth of the Quit services. Public outreach was a collaborative effort from the start, and DHSS is seeing a consistently sharper growth curve in enrollment in New Jersey’s Quitline, Quitnet, and Quitcenters as awareness of these services increases.



New Jersey Quitline and Quitnet ads featuring children emphasize the dangers of environmental tobacco smoke.

Tobacco Dependence and Treatment

New Jersey Quitline – 1-866-NJ-STOPS

New Jersey Quitline, a toll-free telephone-based service, offers callers one-on-one counseling in 26 languages to reach New Jersey’s exceptionally diverse population. Most smokers who call NJ Quitline (71 percent) enroll in counseling. To date, 26 percent of smokers registered with New Jersey Quitline have quit smoking after six months, a result well above the average national success rate of 10 percent to 12 percent for structured smoking cessation programs. The Mayo Foundation, which administers NJ Quitline, conducts six-month follow-up surveys to determine results. Its findings are based on an 80 percent response rate to the surveys.



New Jersey Quitcenter counselors receive specialized training at The University of Medicine and Dentistry of New Jersey-School of Public Health.

Trained counselors are available six days a week to provide expert assistance in developing individualized treatment plans, providing multiple counseling sessions, encouragement and support. According to the *2000 New Jersey Adult Tobacco Survey*, approximately 40 percent of smokers in the state who want to quit said they would like to use a telephone hotline for cessation services.

New Jersey QuitnetSM – www.nj.quitnet.com

New Jersey Quitnet, a free online resource, offers a comprehensive, individual plan to quit smoking. Its clients have logged nearly 200,000 visitor sessions to date, using the site as a source of information about quitting and turning to the chat rooms to reinforce their determination to quit. The average NJ Quitnet visitor spends 12.5 minutes on the site, well above the average for Internet visits.

The service gives smokers online access to peer support groups and trained counselors 24 hours a day, seven days a week. In addition to its flexibility and anonymity, this service offers users a quitting calendar, quitting tools and strategies, and a directory of local treatment options in New Jersey. All newly registered Quitnet users receive a *Quitting Guide* to help them plan a strategy, get referrals, and learn about medications.

NJ Quitnet meets a growing demand. According to the *2000 New Jersey Adult Tobacco Survey*, 73 percent of smokers in the State who want to quit have access to the Internet. Of these respondents, approximately half said they would use the Internet to help them quit. This service is especially responsive to the needs of young adults, 18 to 24 years old, whose smoking rates are on the rise. The flexibility and around-the-clock availability of the service is especially suited for the lifestyles of this Internet-savvy group. Many users chose this service for its confidentiality and anonymity, making it difficult to collect accurate data on the numbers who use the service and on their quit rates.

NJ Quitnet, developed by experts in cessation at Join Together, a substance abuse resource center, and Boston University School of Public Health, is a tested resource that has proved successful in other states. The content of this Web site has been customized for New Jersey users.

New Jersey Quitcenters – in 15 Communities Statewide

We established New Jersey Quitcenters in 15 communities to meet the needs of New Jersey smokers who require face-to-face counseling in a clinic setting to succeed in quitting. The Centers represent the most recent addition to the CTCP’s cessation package. The first Centers opened in December 2000. The four newest Quitcenters recently opened in March 2002.

DHSS selected these clinics through a competitive bidding process from 32 candidates. Our selection criteria included experience in public outreach and skill in providing quality care. Many New Jersey hospitals support this program. Twelve of the 15 NJ Quitcenters are hospital-based.

This service meets the special needs of smokers with hard core nicotine addiction – those who are highly addicted but also highly motivated to quit, who may have made several unsuccessful quit attempts, and who have very little chance of succeeding with no or very low-intensity treatment.

The following profile of the first 200 patients who attended the Quitcenter at the University of Medicine and Dentistry of New Jersey in New Brunswick is representative of smokers who choose Quitcenter counseling:

Mean (range) age	44 (15-75) years
Percent (number) with a smoking-caused health problem	64 (128)
Mean (range) number of years of smoking	26 (1-62)
Mean (median) number of previous quit attempts	9 (4)
Mean (range) number of cigarettes smoked per day*	23 (0-90)
Percent (number) who smoke within a half-hour of waking in the morning*	85 (169)

*These include 7 percent (14) who attended the clinic for help to stay smoke-free after recently quitting on their own, 92 percent (183) who attended for help to quit, and 2 percent (3) who wanted help to cut down.

New Jersey Quitcenters offer both individual and group therapy, and can provide advice on the appropriate use of pharmacological treatments. Since November 2001, these clinics have offered reduced-cost nicotine replacement therapy.

At least two trained counselors work at each facility. The University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ-SPH) developed an eight-day specialized training course to prepare counselors for this role. The training program ensures a consistently high level of counseling across all NJ Quitcenters.

Inspiration Comes in Small Packages

Maria Victoria Portales, a 40-year-old financial analyst and mother of four, smoked a half-pack of cigarettes a day for 20 years. Despite her example, she warned her children never to light up. “My kids would say, ‘Why is it a double standard? How come smoking is OK for you, but not for us?’”

Then one day her son Robert had an asthma attack. “From his hospital bed in the intensive care unit, he asked me how I could poison myself voluntarily while he was the one who could not breathe,” Maria recalls. “Finally, I understood how my children felt about my smoking, and I was determined to quit.”

Maria, a Highland Park resident, tried hypnosis and medication, but they didn’t work. “Finally, I picked up a New Jersey Quit services flier, called the number, and was referred to the Center at UMDNJ in New Brunswick.” Her counselor helped Maria work through her nicotine cravings, and she quit for good in July 2001. “Now I run, lift weights, and go for bike rides. I feel great!”

Maria is hardly the only one pleased with the results. “My children are relieved and happy. They even tell their friends about my success!” she says. “If it hadn’t been for my kids and New Jersey Quitcenter, I wouldn’t have been able to quit.”

Maria Portales speaks with her counselor.



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Maria Portales

New Jersey Quitline Isn't Preachy, and That's Just Peachy

Rita Tannenbaum, 64, was a pack-a-day smoker who got hooked on cigarettes at age 16. Although she tried to quit a number of times, she just didn't have the willpower. Her feelings changed, however, after she underwent extensive gum surgery three years ago.

"I went to see my periodontist, and we talked about gum disease and smoking," says Rita. The dentist gave her a New Jersey Quitline brochure, and two weeks later, she registered with the service.

"The New Jersey Quitline service was extremely supportive," she says. "My personal counselor absolutely did not preach – she was truly listening."

With the help of her counselor, Rita, a resident of Millburn, finished her last remaining carton of cigarettes and then stopped smoking once and for all in May 2001.

"I'm happy I gave up smoking. It became a terrible expense and a terrible worry," Rita admits. "My stamina is definitely better – I really recognize the difference walking up steep staircases. It's so much easier now."

Rita is grateful that her dentist turned her on to New Jersey Quitline. "With Quitline, I realized I'd have to do it myself, but I'd have support – someone who really cared. And let me tell you, my counselor really cared. And for me, that made the difference."

Rita Tannenbaum at dinner with her husband, Jerome.



Rita Tannenbaum

Tobacco Dependence and Treatment

NJ Quitcenter services are available to New Jersey residents on a sliding fee scale based on income. In addition to counseling, the Quitcenters offer information about tobacco dependence, comprehensive individual assessments, measurement of expired carbon monoxide at each appointment, consultation on the use of prescription and over-the-counter medications, and follow-up contact and support one month and six months after the client's quit date.

NJ Quitcenter Locations:

Pilot centers established December 2000/January 2001:

- University of Medicine and Dentistry of New Jersey - School of Public Health (Middlesex County)
- Kennedy Memorial Hospital (Camden County)
- Central Jersey Behavioral Health Association (Essex County)
- Meridian Health System (Monmouth County)
- Mercer Trenton Addiction Science Center (Mercer County)
- Plainfield Health Center (Union County)
- Rowan University (Gloucester County)

NJ Quitcenters established in July 2001:

- Chilton Memorial Hospital (Morris County)
- Shore Memorial Hospital (Atlantic County)
- Hackensack University Medical Center (Bergen County)
- Valley Hospital (Bergen County)

NJ Quitcenters opened in March 2002:

- Trinitas Hospital (Union County)
- Somerset Medical Center (Somerset County)
- Central Jersey Behavioral Health Association (Ocean County)
- Virtua Health (Burlington County)

Enlisting the Power of the Medical Community

Outreach to the medical community is a top priority. Besides having multiple hospital-based Quitcenters, we are reaching out to physicians, dentists, and other healthcare providers to encourage smokers to quit by enrolling in a cessation program. It is not only a matter of referring the patient who asks for help, but reaching out to patients who should

quit for the sake of their health or that of their children or other family members. We are urging physicians and dentists to take advantage of their opportunities to educate patients about the importance of quitting. The medical community's cooperation is invaluable, because they are uniquely able to influence their patients. Studies indicate that the most powerful motivator for smokers is their physician's recommendation to quit smoking.

In February 2001, we delivered black boxes, reminiscent of the traditional physicians' black bag, filled with brochures, posters, and pocket calendars, to more than 19,000 New Jersey physicians, dentists, pharmacists, and other healthcare professionals. These materials built awareness of New Jersey's Quit services among medical professionals and provided them with information they can share with their patients.

We designed the materials to enable physicians and nurses to post information in their waiting rooms, where patients will readily see them and to make it easy for healthcare professionals to refer patients to our cessation services by handing them information. These kits enabled us to reach out to New Jersey's diverse populations, through African-American, Hispanic, and Asian medical communities. We produced and distributed Spanish-language versions of the materials, as well.

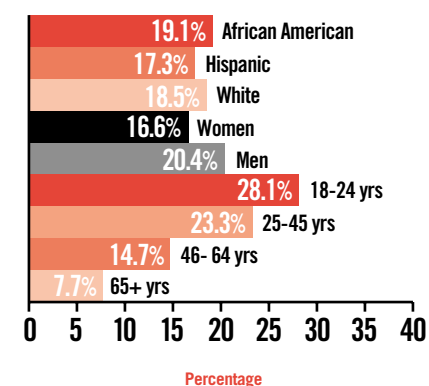
Since we launched this initiative, a high proportion of New Jersey's Quitnet and Quitline users have reported referrals by their physicians. Such referrals comprise 12 percent of Quitline callers and 10 percent of Quitnet visitors. An additional 5 percent learned about Quitline through brochures in waiting rooms. As a result, we are preparing to expand this campaign to 12,000 additional medical professionals in May 2002.

College Campus Outreach – Helping Young Adults "Get Off Their Butts"

The 2000 New Jersey Adult Tobacco Survey showed that, while teen smoking rates were beginning to decline, more and more young adults between the ages of 18 and 24 were picking up the habit. Their smoking rates rose by 6 percent between 1999 and 2000.

Figure 5

Percentage of cigarette use among adult population groups



As shown in Figure 5, young adults, 18-24 years old, had a higher rate of current cigarette use (28.1%) than all other adult age groups. Males were more likely to be current cigarette smokers (20.4%) than females (16.6%); no differences were found with respect to race/ethnicity.

Tobacco Dependence and Treatment

The increase in smoking among this age group is a direct result of the prohibitions that the Master Settlement Agreement (MSA) placed on tobacco industry marketing to teens. After the MSA, the industry began to target young adults to supply the replacement smokers for the 400,000 smokers who die each year of tobacco-related diseases in the United States.

Persuading young adults to quit smoking presents a difficult challenge. Anecdotal information tells us that they underestimate the extent of their addiction. Although they know the health hazards of smoking, they believe they can quit at any time. They put off quitting because they think they need to smoke to ease the stresses of college life and the challenges of living on their own. Unfortunately, the longer they smoke the harder it is to quit.

College campuses offer us an opportunity to reach concentrated groups of young adults representing approximately one-third of New Jersey's 18- to 24-year-old population. To combat the alarming new smoking trend on New Jersey's campuses, we created a multi-faceted campus outreach campaign with three goals:

- To promote establishment of stronger tobacco control policies on campuses;
- To change campus social norms about the acceptability of tobacco use; and
- To increase awareness among college students of New Jersey's Quit services and encourage students to use them.

Through a research grant to the New Jersey Higher Education Consortium at Rowan University, DHSS sponsored the Tobacco Social Norms Project in 2000. The purposes were to identify which New Jersey campuses had policies prohibiting tobacco use, as well as to determine student attitudes and perceptions about smoking.

This study underscored the need for action. It revealed that only two campuses, Brookdale and UMDNJ, had smoke-free policies in place. As a result of the study, Rutgers made a commitment to initiate smoke-free policies on its campuses. However, we want more New Jersey campuses to take similar action. DHSS is promoting adoption of more policies that discourage students from smoking on campuses and thereby reduce exposure to environmental tobacco smoke.

The research also indicated that most college students overestimate tobacco use among their peers and underestimate the health effects associated with smoking. Students estimated that only 3 percent of their peers had never tried tobacco, when actually 56 percent of students had never tried it. Nearly 60 percent of students underestimated the number of deaths related to tobacco use by 25 percent.

Rowan University used the research on student attitudes toward smoking to develop a pilot social norms program on three New Jersey campuses. The Social Norms Initiative is a communications campaign that tells the truth about campus smoking: It is not the norm. The concept for this pilot program is based on a successful campus model to alleviate binge drinking.

DHSS also developed the "Get Off Your Butts" public awareness campaign to encourage students to quit smoking and inform them about the help available through the Quit services. Get Off Your Butts information kits were distributed to student life advisors and health clinics on 36 college campuses. The kits contained posters, brochures, a brief educational video illustrating how two New Jersey college students quit smoking using New Jersey Quitnet, and a discussion guide to stimulate dialogue about smoking. DHSS and Fleishman-Hillard Inc. developed the campaign, which also included radio and TV public service announcements, news placements, and advertisements in college newspapers.

Finally, to engage college administrators in the dialogue on campus tobacco use, top DHSS officials met with the New Jersey College Presidents' Council in October 2001 to inform them about the Social Norms and Get Off Your Butts campaigns. DHSS issued a call-to-action to college presidents to encourage the use of these materials on their respective campuses and to take additional steps to reduce student smoking.

As a result of these efforts, 68 percent of the campuses that received Get Off Your Butts information kits are using the materials. In addition, Rowan University and Rutgers University joined forces to hold a Statewide College Tobacco Summit on January 14, 2002, for New Jersey colleges to strategize new tobacco control initiatives for college campuses.

Now That She's Quit Smoking, She's Whistling a New Tune

Joan G. Reilly, 64, smoked cigarettes for 50 years. She started in her early teens, and by high school, she was up to almost a pack a day.

Recently, Joan had an epiphany. "It dawned on me that I had been smoking for 50 years – and I was appalled." When Canadian geese took over Joan's backyard, her husband gave her a whistle to scare the birds away. "I couldn't get the whistle to make any noise," she recalls. "That's when I realized that cigarettes had definitely affected my breathing."

Joan, a resident of Manasquan, first learned about New Jersey Quitnet from a brochure on display at her local community center. What she found most appealing about the online resource was that it was available 24 hours a day, seven days a week. "If I found myself getting antsy and wanting a cigarette," she says, "I could just log on." A cessation program through the World Wide Web also piqued her interest, because traditional programs she'd tried in the past had failed.

She knew she needed all the help she could get, so she logged on. "I started getting these encouraging e-mail messages. They helped me keep track of all the cigarettes I hadn't smoked and all the money I'd saved – around \$600 in six months," she explains. "I also read through the message boards, especially at night, when I had cravings. A lot of the messages were really positive. Everyone was so supportive of each other."

Since she quit smoking for good in June 2001, she's noticed that her health has improved. "Now," she says, "I can blow that damn whistle!"

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Joan Reilly

Left: Wrapped Beetle joins crowd at Kick Butts Day rally.



Right: New Jersey Quitcenters offer peer support.

